



## Georgia Athletic and Entertainment Commission

Room 802 West Tower  
#2 Martin Luther King Jr. Drive  
Atlanta GA 30334

Andy Foster, Executive Director

404-656-2868 Phone

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www.georgiaboxing.com

GAEC Office Only

Receipt # \_\_\_\_\_

Date Received \_\_\_\_\_

All questions pertaining to license issuance must be answered. If question is not applicable please answer question with N/A. All boxing licenses expire on the 31<sup>st</sup> of the year. All mixed martial arts licenses expire on June 30<sup>th</sup>

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Professional Boxer \$20     | <input type="checkbox"/> Boxing Trainer/Second \$20   | <input type="checkbox"/> Boxing Manager \$50 |
| <input type="checkbox"/> Boxing Matchmaker \$50      | <input type="checkbox"/> Boxing Official \$20         |  |
| <input type="checkbox"/> Pro MMA Contestant \$20     | <input type="checkbox"/> Professional Kick boxer \$20 | <input type="checkbox"/> MMA Matchmaker \$50 |
| <input type="checkbox"/> Amateur MMA Contestant \$20 | <input type="checkbox"/> MMA Manager \$50             |  |
| <input type="checkbox"/> MMA Trainer/Second \$20     | <input type="checkbox"/> Physician \$0                | <input type="checkbox"/> MMA Official \$20   |

### **Section I (All Applicants) - Please Print**

Name: \_\_\_\_\_

Alias (other names used): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (primary): \_\_\_\_\_ Telephone (secondary): \_\_\_\_\_

Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex: M / F Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Are you presently on any suspension list? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been disqualified in any contest or disciplined for your actions during a Contest? If yes, please explain\_\_\_\_\_

Has any license you've had been revoked? If yes, please explain\_\_\_\_\_

List all other Athletic Commissions in which you are licensed\_\_\_\_\_

Have you ever been convicted of a crime, regardless of adjudication, or have charges pending? If yes, please explain\_\_\_\_\_

<b><u>SECTION II (Boxers, Kickboxers, Pro &amp; Amateur Mixed Martial Artist Only)</u></b> <b><u>Please Print</u></b>
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Boxing Federal ID#\_\_\_\_\_

Have you ever been hospitalized due to an injury suffered in any contest? If yes, please explain\_\_\_\_\_

Do you have any current medical conditions? If yes, please explain\_\_\_\_\_

Do you have a manager? If yes, provide name address and telephone number

Name	Address	Telephone
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Have you had amateur experience? If yes, complete the following questions

Amateur Record: \_\_\_\_\_ Number of Fights: \_\_\_\_\_

Submission Grappling Record: \_\_\_\_\_

Name of Gym or Club you trained: \_\_\_\_\_

Name and telephone number of Trainer or Manager:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Section III (Boxing and MMA Manager, Trainer/Second Only) Please print**

List names of boxers and/or MMA contestants which you currently manage/train/second:

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Do you know of any medical conditions which your boxers and/or MMA contestants currently have? If YES, please explain: \_\_\_\_\_

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**Section IV (to be completed by ringside physician applicants)**

A ringside physician may not have any interest in a participant. Please provide your

Georgia Composite State Board of Medical Examiners license # \_\_\_\_\_

**Section V to be completed by participant, ringside physician, matchmaker, timekeeper, referee, trainer, judge, and second**

List the names of any person under the jurisdiction of the Georgia Athletic and

Entertainment Commission in whom you have a financial interest \_\_\_\_\_

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**Section VI to be completed by boxer, mixed martial art, and kickboxer applicants**

List the names of any persons who have a financial interest in you \_\_\_\_\_

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I THE UNDERSIGNED DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE, I UNDERSTAND THAT ANY MISREPRESENTATION OF FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES, I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE GEORGIA STATE POLICE MAY PARTICIPATE IN THE BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL, INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE, AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT, OR REPRESENTATIVE OF THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION, THE OFFICE OF THE ATTORNEY GENERAL OR THE GEORGIA STATE POLICE

I UNDERSTAND THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF GEORGIA AND IT'S INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN AN ANY MANNER OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATION, INQUIRY OR HEARING

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION

Date:\_\_\_\_\_ Signature: \_\_\_\_\_